

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744454** (0)

1. Corporation Name

TORAS EMES ACADEMY OF MIAMI, INC.

Principal Place of Business Mailing Address
7902 CARLYLE AVENUE 7902 CARLYLE AVENUE
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1978 3a. Date of Last Report 08/17/1994
4. FEI Number 59-1870702 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMBLE, DAVID S.
1101 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

David Zimble

2/6/95

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACOB, ALLAN
STREET ADDRESS	4345 N MERIDIAN AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	V
NAME	KOPELMAN, JEFFREY
STREET ADDRESS	840 NE 171 ST
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	S
NAME	SELIGMAN, SHARON
STREET ADDRESS	3900 N. 45TH AVE.
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	D
NAME	HELLER, ROBERT
STREET ADDRESS	4525 N. JEFFERSON AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	GORDON, WILLIAM
STREET ADDRESS	4577 N.MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BCH. FL
TITLE	V/D
NAME	LEHRFIELD, MOSHE
STREET ADDRESS	1310 N.E. 173RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allan Jacob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95
Date

305-865-8007
Phone (Area #)